Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

86-603

United States Environmental Protection Agency Washington, DC 20480 Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Paragraph 4 of Notification of Hazardous Waste Activity and Recovery Act). For Official Use Only Comments C ¢ PECEIVED Date Received /Vr day) Installation's EPA ID Number Approved AUG 1.4 19 F Name of Installation Installation Mailing Address Street or P.O. Box City or Town State ZIP Code 0 Location of Installation Street or Route Number City or Town State ZIP Code 0 IV. Installation Contact Name and Title (last, first, and job title) Phone Number (area code and number) Ownership 8. Type of Ownership (enter code) A. Name of Installation's Legal Owner VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions. A. Hazardous Waste Activity **B. Used Oil Fuel Activities** ☐ 6. Off-Specification Used Oil Fuel 2 1a. Generator ☐ 1b. Less than 1,000 kg/mo. (enter 'X' and mark appropriate boxes below) 2. Transporter a. Generator Marketing to Burner 3. Treater/Storer/Disposer 4. Underground Injection b. Other Marketer 5. Market or Burn Hazardous Waste Fuel C. Burner (enter 'X' and mark appropriate boxes below) 7. Specification Used Oil Fuel Marketer for On site Burner) a. Generator Marketing to Burner Who First Claims the Oil Meets the Specification b. Other Marketer C. Burner VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous wasta fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.) B. Industrial Boiler C. Industrial Furnace A. Utility Boiler VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es) A. Air ☐ B. Rail C. Highway D. Water E. Other (specify) IX. First or Subsequent Notification Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below. C. Installation's EPA ID Number 3. Subsequent Notification (complete item C) A. First Notification

					— For Official Use C	T/A
			W			
. Desc	ription of Ha	zardous Wastes /co	ontinued from front)			
. Hazaro	ious Wastes from	n Nonspecific Sources.	. Enter the four-digit num les. Use additional sheets	ber from 40 CFR Part 2	261.31 for each listed	hazardous waste
from n	onspecific source		T	in necessary.		
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FI	002					1 .
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your in		,				
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	37	38	39	40	41	42
						48
	43	44	45	46	47	43
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. Listed	Infectious Waste	Enter the four-digit r	number from 40 CFR Part	261.34 for each hazar	dous waste from hosp	itals, veterinary hos-
pitals,	or medical and re	search laboratories you	r installation handles. Us	e additional sheets if n	ecessary.	
	49	50	51	52	53	54
Charac	rteristics of Nonl	isted Hezerdous Wests	s. Mark 'X' in the boxes of	corresponding to the ch	paracteristics of nonlis	ted hazardous waste
your in	stallation handles	s. /See 40 CFR Parts 26	1.21 — 261.24)			
	1. Ignitable		2. Corrosive	3. Reactiv	vé	4. Toxic
44	(Ď001)		(D002)	(D003)		(D000)
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Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation United States Environmental Protection Agency Washington, DC 20460 Notification of Hazardous Waste Activity and Recovery Act). For Official Use Only Comments C PECEIVED **Date Received** day Installation's EPA ID Number mo. Approved AUG 1419 Name of Installation Installation Mailing Address Street or P.O. Box State ZIP Code City or Town Location of Installation Street or Route Number ZIP Code City or Town Installation Contact Name and Title (last, first, and job title) Ownership B. Type of Ownership (enter code) A. Name of Installation's Legal Owner Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions. A. Hazardous Waste Activity B. Used Oil Fuel Activities 6. Off-Specification Used Oil Fuel 2 1a. Generator 1b. Less than 1,000 kg/mo. (enter 'X' and mark appropriate boxes below) 2. Transporter a. Generator Marketing to Burner 3. Treater/Storer/Disposer 4. Underground Injection ☐ b. Other Marketer ☐ 5. Market or Burn Hazardous Waste Fuel C. Burner 3410 - 6 3 (enter 'X' and mark appropriate boxes below) 7. Specification Used Oil Fuel Marketer for On site Burner) a. Generator Marketing to Burner Who First Claims the Oil Meets the Specification b. Other Marketer VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.) C. Industrial Furnace B. Industrial Boiler A. Utility Boiler VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es) E. Other (specify) B. Rail C. Highway D. Water IX. First or Subsequent Notification Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below. C. Installation's EPA ID Number ■ B. Subsequent Notification (complete item C) A. First Notification

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Description of Haza					
Hazardous Wastes from from nonspecific sources	Vonspecific Sources. your installation handle	Enter the four-digit nu es. Use additional she	imber from 40 <i>CFR</i> Part 2 ets if necessary.	61.31 for each listed h	azardous waste
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Hazardous Wastes from 5 specific sources your insti				2 for each listed hazar	dous waste from
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EPA Form 8700-12 (Rev. 11-85) Reverse



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5 RCRA ACTIVITIES P.O. BOX A3587 CHICAGO, ILLINOIS 60690

FEB 2 5 1992

PARK MANOR CLEANERS ATTN: MIMI YUM 63-69 WOLF RD. WHEELING, IL 60090

RE: EPA ID #:	ILD 045 064 011			
In response to	your request of	2/11/92		the following
information has	been updated:			
Name of In	stallation to	PARK MANOR	CLEANERS	

Name of Installation to Location of installation Installation contact to Installation legal owner Generator status to PARK MANOR CLEANERS
63-69 WOLF RD.
MIMI YUM
MIMI YUM
100 TO 1000 KG/MO

If you have any questions, please contact me at (312) 886-6173.

Sincerely,

Sharon Kiddon

RCRA Notifications Coordinator

Waste Management Division

Shan Riddon

cc: State Agency

File

FPA Form 8700-12 /01-90) Province addition is obsolute

Form Approved. OMB No. 2050-0028. Expires 10-31-91 GSA No. 0246_EPA-OT

Please refer to the Instructions for Filing Notification before completing this form. The information requested here required by law (Section 3010 of the Resource Conservation and Recovery Act).

& EPA

Notification of Regulated Waste Activity

Date Received (For Official Use Only)

FEB 1 1 1992

. . . .

United States Environmental Protection Agency I. Installation's EPA ID Number (Mark 'X' In the appropriate box) C. Installation's EPA ID Number A. First Notification **B.** Subsequent Notification (complete item C) II. Name of Installation (include company and specific site name) III. Location of Installation (Physical address not P.O. Box or Route Number) Street (continued) State ZIP Code City or Town County Code County Name IV. Installation Mailing Address (See Instructions) Street or P.O. Box State ZIP Code City or Town 00 الما V. Installation Contact (Person to be contacted regarding waste activities at site) (first) Name (last) Phone Number (area code and number) Job Title VI. Installation Contact Address (See Instructions) A. Contact Address B. Street or P.O. Box Location Malling **ZIP Code** State City or Town VII. Ownership (See Instructions) A. Name of Installation's Legal Owner Street, P.O. Box, or Route Number City or Town State ZIP Code (Date Changed) Nev Year D. Change of Owner B. Land Type C. Owner Type Month Indicator Phone Number (area code and number) No Yes

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VIII. Type of Regulated Waste Activity (Mark X' in the appropriate boxes. Refer to instructions.) A. Hazardous Waste Activity A. Hazardous Waste Activity B. Used Oil Fuel Activities 1. Generator (See instructions (2:200 lbs.) b. 100 to 1000 kg/mo (2:20-2:200 lbs.) c. Less than 100 kg/mo (2:200 lbs.) c. Less than 100 kg/mo (2:200 lbs.) b. 100 to 1000 kg/mo (2:00-2:200 lbs.) c. Less than 100 kg/mo (2:00 lbs.) c. Less than 100 kg/mo (2:00 lbs.) d. Generator Marketing to Burner b. Other Marketing a. Generator Marketing to Burner b. Other Marketing b. Other Marketing c. Burner - inclusite divice(s) - Type of Combustion Device J. Utility Boiler J. Utility Boiler	VIII. Type of Regulated Waste Activity (Mark 'X' In the appropriate boxes. Refer to Instructions.) A. Hazardous Waste Activity B. Used Oil Fuel Activities 1. Generator (See Instructions) a. Greater than 1000kg/mo (2200 lbs.) b. 100 to 1000 kg/mo (220 -2,200 lbs.) c. Less than 1000 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 below) b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 5. Underground Injection Control 4. Water 5. Other - specify IX. Description of Regulated Wastes (Use additional sheets if necessary) A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24) B. Listed Hazardous Wastes. (State or other wastes requiring an I.D. number. See instructions) A. Characteristics (State or other wastes requiring an I.D. number. See instructions)	umer s) – ice larkete t Claim
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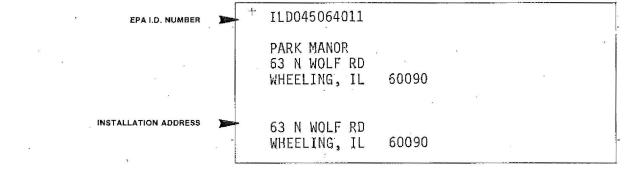
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ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act(RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.



EPA Form 8700-12B (4-80)

10/14/86

M 10/23/86